EXHIBIT A

5344680 **COMMONWEALTH OF VIRGINIA**
DEPARTMENT OF HEALTH – OFFICE OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

DATE RECORD FILED	STATE FILE NUMBER
SEPTEMBER 27, 2024	24-055468

1. FULL NAME OF DECEDENT (first)	(middle)	(last)	(suffix)
MARISSA	KRISTINA	BLAIR	

2. SEX	3. DATE OF DEATH	4. DATE OF BIRTH	5. AGE	IF UNDER 1 YEAR		IF UNDER 1 DAY	
☐ MALE ☒ FEMALE ☐ NOT DETERMINED	SEPTEMBER 19, 2024 ☒ ACTUAL ☐ PRESUMED ☐ APPROXIMATE ☐ FOUND	[redacted]1989	Years 35	Months	Days	Hours	Minutes

6. WAS DECEDENT EVER IN U.S. ARMED FORCES?	7. BIRTHPLACE (U.S STATE OR FOREIGN COUNTRY)	8. SOCIAL SECURITY NUMBER	IF NO SSN, CHECK APPROPRIATE BOX
☐ YES ☒ NO ☐ UNKNOWN	VIRGINIA	[redacted]1866	☐ NONE ☐ NOT OBTAINABLE ☐ UNKNOWN

9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)	10. CITY OR TOWN OF RESIDENCE	INSIDE CITY OR TOWN LIMITS?
1289 SWAN LAKE DRIVE	CHARLOTTESVILLE	☒ YES ☐ NO

11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)	12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE	12a. ZIP CODE
	VIRGINIA	22902

13. RACE OF DECEDENT (CHECK ONE OR MORE)
☐ WHITE ☒ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE(SPECIFY) ☐ OTHER PACIFIC ISLANDER(SPECIFY)
☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER ASIAN (SPECIFY)
☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER (SPECIFY)

14. DECEDENT OF HISPANIC ORIGIN?
☒ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN

15. EDUCATION (HIGHEST GRADE COMPLETED)
☐ ELEMENTARY/SECONDARY (0-12) ☐ HIGH SCHOOL DIPLOMA ☐ GED ☐ YEARS OF COLLEGE
☐ ASSOCIATE DEGREE ☐ BACHELOR'S DEGREE ☐ MASTER'S DEGREE ☒ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN

16. CITIZEN OF WHAT COUNTRY	17. USUAL OR LAST OCCUPATION	18. KIND OF BUSINESS OR INDUSTRY
UNITED STATES OF AMERICA	ATTORNEY	LAW

19. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED ☐ SEPARATED ☐ UNKNOWN

20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)

21. FULL NAME OF DECEDENT'S FATHER OR PARENT II(first,middle,last,suffix)(maiden name,if any)	21a. GENDER	22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I(first,middle,last,suffix)(maiden name,if any)	22a. GENDER
GARNELL OGENE BLAIR JR.	MALE	SORONYA LOMBRE	FEMALE

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION	24. FULL NAME OF INFORMANT OR NAME OF SOURCE
MOTHER/PARENT I	SORONYA HUDSON

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)	25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL
UNIVERSITY OF VIRGINIA MEDICAL CENTER	☐ DOA ☐ OUT PAT. EMER RM ☒ INPATIENT

26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☐ OTHER (SPECIFY)

27. CITY OR TOWN OF DEATH	28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH	28a. ZIP CODE	28b. COUNTY OF DEATH (if independent city, leave blank)
CHARLOTTESVILLE	1215 LEE STREET	22903	

29. METHOD OF DISPOSITION
☒ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☐ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM
☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY)
☐ REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)

30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY
PINE HILL BAPTIST CHURCH CEMETERY

31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY	31a. CITY / COUNTY	31b. STATE	31c. ZIP CODE	31d. COUNTRY
108 MORSE LANE	LOWESVILLE	VIRGINIA	22922	

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE , VSAP OR NEXT OF KIN (ACTUAL SIGNATURE)	32a. LICENSEE'S NO.	32b. NAME OF FUNERAL HOME OR FACILITY
/S/ CHRISTOPHER FREEMAN THARP	0502900763	THARP FUNERAL HOME AND CREMATORY, INC.

33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN	33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (Include street address, city, state and zip code)
CHRISTOPHER FREEMAN THARP	220 BREEZEWOOD DR LYNCHBURG VIRGINIA 24502

34. TIME OF DEATH: To the best of my knowledge, death occurred at 04:33 ☐ A.M. ☒ P.M. ☒ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☐ FOUND

35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death)	(A) OBSTRUCTIVE SHOCK	MINUTES
DUE TO (OR AS A CONSEQUENCE OF)		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(B) HIGH-RISK PULMONARY EMBOLISM	1 DAY
DUE TO (OR AS A CONSEQUENCE OF)		
	(C) PNEUMONITIS	15 DAYS
DUE TO (OR AS A CONSEQUENCE OF)		
	(D) METASTATIC COLON ADENOCARCINOMA	6 MONTHS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
DIFFUSE ALVEOLAR HEMORRHAGE, PNEUMOTHORAX

36. WAS THE MEDICAL EXAMINER CONTACTED?	36a. AUTOPSY?	36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?	37. DID TOBACCO USE CONTRIBUTE TO DEATH?
☒ YES ☐ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☒ NO ☐ POSSIBLY ☐ UNKNOWN

38. IF FEMALE:
☐ PREGNANT AT TIME OF DEATH ☐ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH
☒ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☐ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)

39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH?	40. WAS THIS A MILITARY DEATH?	40a. IF MILITARY DEATH, SELECT MANNER OF DEATH
☐ PRIMARY ☐ CONTRIBUTING	☐ YES ☒ NO	☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING

ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS

41. DATE OF INJURY	42. TIME OF INJURY	INJURY AT WORK?	44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)
	☐ A.M. ☐ P.M	☐ YES ☐ NO ☐ UNKNOWN	

45. LOCATION OF INJURY- STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)	45a. CITY / COUNTY	45b. STATE	45c. ZIP CODE	45d. COUNTRY

46. IF TRANSPORTATION INJURY, SPECIFY ☐ DRIVER/OPERATOR ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER (SPECIFY)

47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH	48a. TITLE	48b. DATE SIGNED:
/S/ MEILIN LADINES-LIM	☒ MEDICAL DOCTOR ☐ PHYSICIAN ASSISTANT ☐ DOCTOR OF OSTEOPATHY (D.O.). ☐ NURSE PRACTITIONER ☐ OTHER	SEPTEMBER 24, 2024

49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH	49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH	49b. MEDICAL LICENSE NO.
MEILIN LADINES-LIM	1215 LEE STREET CHARLOTTESVILLE VIRGINIA 22903	0116039992

50. ARE YOU A DESIGNEE?	51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN	51a. ADDRESS OF AUTHORIZING PHYSICIAN
☐ YES ☒ NO		

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED September 27, 2024

Seth Austin

Seth Austin, Director and State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C

Dear Sir or Madam,

This document is a record of the information provided at the time of the event. This certificate is a legal document and all information should be reviewed for accuracy.
If you have any questions or concerns please return the certificate (if necessary) with a letter of explanation to:

State Health Department
Office of Vital Records
P.O. Box 1000
Richmond, VA 23218